PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number

Effective October 1, 2000

CLAIMS AS FILED - PART I											_	
		CLAIIVIS A				(Caluma = 0)		SMALL ENTITY			OTHER TH	
TOTAL CLAIMS			Colum	(Column 1)		(Column 2)		TYPE (OR		ENTITY
FOR			NUMBER FILED					RATE	FEE	4	RATE	FEE
			1!		NUMBER EXTRA			BASIC FE	E 355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			minus 20=		. Ø			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM P			minus 3 =					X40=	40	OR	X80=	
LIVI	DETIPLE DEPE	ENDENT CLAIM I	PRESENT					+135=		OR	+270=	
* 1	the differenc	e in column 1 is	less than a	zero, enter	"0" in	column 2	l	TOTAL	201	OR	TOTAL	
CLAIMS AS AMENDED - PART II							TOTAL	713	JOH	OTHER	TUAN	
(Column 1)				(Colum		(Column 3)		SMALL ENTITY		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AM	Independent	The state of the s	Minus	***	CL AIA	=		X40=		OR	X80=	
<u> </u>		LIVING OF W	OLIN EL DE	FUNDENT	CLAIM			+135=		OR	+270=	
							L	TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE	L	Jon /	ADDIT. FEE	<u> </u>
В		CLAIMS	A 4,2	HIGH	ST		Г		ADDI	1 6		
AMENDMENT		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	,
	Independent		Minus	***		=	上	X40=		ít	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM		\vdash	7,402		OR		
							L	+135=		OR	+270=	
							ΑŒ	TOTAL ODIT. FEE		OR A	TOTAL DDIT. FEE	
- 15	7.1	(Column 1) CLAIMS		(Colum		(Column 3)						
MEN		REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	ndependent	•	Minus	***		=	\vdash	X40=		t		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	X80=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
- 11	uie Hignest Nun	nber Previously Pai nber Previously Pai	d For LINETHIS	S SPACE is to	ess than	20 enter "20 "	AD	TOTAL DIT. FEE		OR A	TOTAL ODIT. FEE	
Tì	ne "Highest Numl	ber Previously Paid	For" (Total or	Independen	ess than t) is the l	i 3, enter "3." highest number f			opriate box	in colur	mn 1.	